

Annual School Health Report Guidance Information, Questions and Answers

To ensure compliance with school health and safety statutes and regulations and to align with the beginning of each academic school year, the Annual School Health Report (ASHR) will apply to academic year 2023-2024. The ASHR must be completed and submitted via eRIDE by June 30, 2023. Annual reports must be submitted prior to each academic school year.

See the following information and questions and answers pertaining to the individual ASHR questions:

General Question:

Q: Do all public districts, (including charter schools) and non-public schools have to complete and submit the ASHR?

A: Yes, according to the *Rules and Regulations for School Health Programs*, Section 2.5, all districts and non-public schools are required to complete and submit the ASHR.

Question 1. School Health Personnel

Q: Do we have to complete all the contact information, including email addresses for all school health personnel listed in question 1?

A: Yes, the Departments of Education and Health need the names, telephone, and email contact information of all positions listed in Question 1 that apply to your district, as required by statute or regulation, for critical communication regarding school health and safety.

Q: Our school dentist will be retiring from practice in July 2022 and we do not know who the new school dentist will be. How would we enter the information in the School Health Personnel section?

A: Enter the current personnel information.

Question 2. Does your district's school committee have a Health and Wellness subcommittee, as required by [RIGL §16-21-28](#)?

Q: Does this also apply to approved non-public schools?

A: No, it applies to all public districts. According to [RIGL §16-2-9\(25\)](#) and [§16-21-28](#), every **public district** must have a District Wellness Subcommittee to address the health and wellness of students and employees.

Q: Does this question refer to a district's school committee and charter school boards?

A: Yes, every **public district** (district school committee or charter school board) must have a District Wellness Subcommittee to address the health and wellness of students and employees.

Question 3. Is there a School Health Manual (including all health and safety policies, procedures, plans etc.) at the central office of your district/school?

Q: Does this apply to an approved non-public school?

A: Yes, Question 3 applies to all public and non-public schools in RI. According to the [Rules and Regulations For School Health Programs](#), a copy of the required manual must be accessible at the district/school office for use by school personnel, families, students, and community members.

Question 4. Is there a School Health Manual at each school building?

Q: How do I answer this question if our school is the only district or school?

A: If you have one school building, you would answer NA as indicated in the ASHR. Your response to Question 4 would apply to a district/school with one school building.

According to the [Rules and Regulations For School Health Programs](#), a copy of the required manual must be accessible at each school for use by school personnel, families, students, and community members.

Question 5. When was your health education curriculum reviewed and/or revised?

Q: Our district curriculum committee has scheduled meetings in the fall to review and update the health education curriculum. How would I answer this question if the committee hasn't met?

A: Your district curriculum committee has initiated planning and has scheduled review/update for the fall 2018. Therefore, your answer would be 2018.

According to the [Rules and Regulations For School Health Programs](#), the health education curriculum should be reviewed periodically by a team of teachers, administrators, parents and community members. RIDE and HEALTH recommend that this occur at least every five years.

Question 6. Is your health education curriculum aligned with *the RI Health Education Framework and mandated Comprehensive Health Instructional Outcomes*?

Q: Where can I find more information about RI health education and school health programs besides the school health regulations?

A: The [RIDE](#) and RI Coordinated School Health Program – [thrive](#) – websites provide information and resources on health and safety in RI schools.

The [Rules and Regulations For School Health Programs](#) states that the health education curriculum must be aligned with [Health Literacy for All: The Rhode Island Health Education Framework](#) and with the associated [Comprehensive Health Instructional Outcomes](#).

Question 6a. Is suicide awareness and prevention from the [RIDE approved list](#) included in your health education program?

The requirement is for public schools only. Full implementation of the requirement is expected in SY 23.

Question 7. When was your physical education curriculum reviewed and/or revised?

According to the [Rules and Regulations For School Health Programs](#), the physical education curriculum should be reviewed periodically by a team of teachers, administrators, parents and community members. RIDE and HEALTH recommend that this occurs at least every five years.

Question 8. Is your physical education curriculum aligned with the *RI Physical Education Framework*?

The [Rules and Regulations For School Health Programs](#) states that the physical education curriculum must be aligned with the [RI Physical Education Framework](#), as per [RIGL 16-22-4](#).

Question 9. Do all students in grades K-12 receive an average of 100 minutes of health and physical education per week, not including recess or before-or after-school activities, *OR* substantially equivalent program for non-public schools, as required per RIGL §16-22-4?

All students in public schools - grades K-12 - should receive an average of 100 minutes of instruction in health and physical education, as stated in the [Rules and Regulations For School Health Programs](#) **OR a substantially equivalent program for non-public schools** as required per [RIGL§16-22-4](#)?

Question 10. Does your district provide daily, at least 20 consecutive minutes of unstructured free-play recess for students in elementary grades Kindergarten through six (6) in accordance with [RIGL§ 16-22-4.2](#)?

All schools are required to provide daily, at least twenty (20) consecutive minutes of unstructured free-play recess for students in in elementary grades Kindergarten through six (6) in accordance with RIGL§ [16-22-4.2](#).

Question 11. Do all elementary, middle, and high schools that sell or distribute competitive foods and beverages on the school campus during the school day offer only healthy foods and beverages, as set forth by the USDA and as required per [RIGL§16-21-7](#)?

Q: What products are considered healthy food and beverages and where can I find information for schools?

A: The Food and Nutrition Service (FNS) and [Center for Nutrition Policy and Promotion](#) (CNPP) are agencies of USDA's [Food, Nutrition, and Consumer Services](#). School resources are available at this [link](#).

Question 12. Does your district/school have a protocol to review student immunization records annually for ALL students and for NEW students entering your district/school to ensure compliance with immunization regulations?

According to [the RI Rules and Regulations Pertaining to Immunization and Communicable Disease Testing in Preschool, School, Colleges or Universities](#), immunization records for all current and entering students must be reviewed for compliance.

Question 13. Does your district/school have a protocol to provide or ensure the required screenings (health examinations, vision, hearing, speech/language, scoliosis, and dental) are scheduled according to the *RI Rules and Regulations for School Health Programs*?

Q: As a non-public school, are we required to provide these screenings?

A: As noted in the ASHR, non-public schools need to **ensure** that screenings take **place** – you do not have to provide screenings. Evidence that screenings were done by a student’s family health and dental provider is acceptable.

According to the [Rules and Regulations for School Health Programs](#), schools must provide or ensure the required screenings for all students.

Question 14. How many non-public schools receive health services from your school health personnel?

This question is to be answered by public districts only.

Question 15. Have you provided the required Teen Dating Violence training for designated school personnel, as required by [RIGL§16-21-30](#)?

Q: What does the Teen Dating Violence training need to include?

A: According to RIGL§16-21-30, dating violence training shall include, but not be limited to, basic principles of dating violence, warnings signs of dating violence and the school district's dating violence policy, to ensure that they are able to appropriately respond to incidents of dating violence at school.

According to [RIGL§16-21-30](#) and in the [Rules and Regulations for School Health Programs](#), each school district shall provide dating violence training to all administrators, teachers, nurses and mental health staff at the middle and high school levels.

Question 16. Have all coaches, trainers, school nurses, and volunteers involved in youth organized recreational and/or athletic competition completed the annual training course (as amended July 2014) in concussions and traumatic brain injuries, as required by [RIGL§16-91-3](#)?

Q: Where can I find a training course in concussions and traumatic brain injuries?

A: The Centers for Disease Control and Prevention [Heads Up: Concussion in High School Sports](#) provides [free online training](#) and additional resources and information relating to concussions and traumatic brain injury. The [RI Interscholastic League](#) also provides information for coaches, as well as, [concussion management](#) resources.

According to [RIGL§16-91-3](#) all coaches, trainers, school nurses, and volunteers involved in youth recreational and/or competitive sports must complete an annual training course in concussions and traumatic brain injuries.

Question 17. Have all coaches and school volunteers involved in a youth sport program, including school based teams or teams organized through the RIIL, or activity, completed a training course about the nature and warning signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing symptoms as required by [RIGL§16-91-1](#)?

Yes No NA (No organized recreational and/or competitive sports)

Q: Where can I find a training course for coaches and volunteers about the nature and warning signs of sudden cardiac arrest?

A: The [Rhode Island Interscholastic League](#) provides a free online course for coaches and volunteers as well as informational materials for parents.

Question 18. Have all school employees (including teachers, administrators, custodians, lunch personnel, substitutes, nurses, coaches/coaching staff, volunteers) completed a suicide prevention training course this academic year from the [approved list of training materials](#) provided by RIDE, given by a qualified suicide prevention instructor, which included appropriate mental health services within school and community and when and how to refer youth and family to these services as required by [RIGL 16-21-7](#).

The requirement is for public schools only. Since this is a new requirement, if you have started this work, even if it was not fully implemented in the SY22, you can answer yes. Full implementation of the requirement is expected in SY 23.

Question 19. Is there at least one person other than the school nurse who is trained, competent and responsible for the administration of first aid, CPR, and other emergency procedures at the school(s) at all times during school hours and at on-site school sponsored activities?

Q: Does this also apply to non-public schools?

A: Yes, Question 16 applies to all public and non-public schools in RI. According to the [Rules and Regulations for School Health Programs](#), at all times at least one person other than the school nurse who is trained, competent and responsible for the administration of first aid, CPR, and other emergency procedures at the school(s) at all times during school hours and at on-site school sponsored activities.

Question 20. Do all high school students (grades 9-12) receive psychomotor skill-based cardiopulmonary resuscitation (CPR) training to support cognitive learning and an overview of automated external defibrillator (AED) use prior to graduation? ([RIGL§16-22-15](#) as amended June 2013)

Q: Does this mean that all high school students need to be CPR certified before they graduate?

A: No, students do **not** need to earn a CPR or AED certification. CPR training for high school students needs to include hands-on skills practice and an overview of AED use. For additional information see the [Guidance for Implementation of CPR Training Law](#).

Question 21. Do all high and middle schools have automated external defibrillators (AEDs) on site for daily use, for school sponsored activities, and athletic events for use in emergencies and with someone trained in the use of the AED present at each event? (This act shall take effect on August 1, 2017)

Q: Does this also apply to non-public schools?

A: Yes, Question 18 applies to all middle and high schools, both public and non-public, as required by [RIGL §16-21-33.1](#).

Question 22. Do all of your schools post the RI DCYF child abuse hotline sign required by [RIGL16-21-36](#)? All RI public and private schools are required to prominently post the RI DCYF hotline number. DCYF provides posters that schools can download with this information.

Question 23. Are feminine hygiene products available, free of charge, in all gender neutral bathrooms and any bathroom designated for females in public schools serving grades 6-12 per [RIGL 16-21-38](#).

This is a new requirement for public schools.

Question 24. Protocols, procedures, policies, plans, standing orders

The following protocols, procedures, policies, plans and standing orders that are listed in the report are required by law, regulation, or accepted standards of professional care and must be reviewed annually:

- [First Aid and Emergencies, including Anaphylaxis](#)
- [Epi-Pens for medically identified students](#)
- [Sports Related Concussion Protocol](#)
- [Diabetes Self Management](#)
- [Glucagon Administration](#)
- [Administration of Prescription Medications](#)
- [Administration of Non-Prescription Medications](#)
- [Administration of medications at Off-Site School Sponsored Activities](#)
- [Self-Carry of Inhalers](#)
- [On-Site Vehicular and Pedestrian Traffic](#)
- [Latex Sensitivity/Allergy](#)

- [Integrated Pest Management Procedures](#)
- [Use of Universal Precautions](#)
- [Peanut/Tree Nut Allergy Protocol](#)
- [Opioid antagonists \(Naloxone\) maintained on-site in each school facility to treat opioid overdose](#)
- [Use of Sunscreen](#)
- Protocol for [child abuse](#), [neglect](#), and [sexual abuse](#)
- [Chemical Hygiene Plan](#)
- [School Safety Plans](#)

According to RIGL §16.21.25, each city, town, or regional department school safety plan and school emergency response plans shall be reviewed on an annual basis by the school committee and updated annually. These reviews and updates shall be completed by November 1 of any given year, and by December 31 of that year, the commissioner of elementary and secondary education shall report to the speaker of the house, the president of the senate, and the governor that such reviews or updates have been completed.

Q: Our district/school school safety plan will be reviewed and any updates will be completed by November 1st, as required by RIGL §12.21.25. How should I respond to this question?

A: If your school safety plan will be completed by November 1st, as required by RIGL §12.21.25, your response would be the year it will be completed, with an explanation in the comment section.

- [School Safety Assessment](#)
According to RIGL 16-21-23, each school district of each town, city, and regional school department shall conduct a school safety assessment in conjunction with local police, fire, school safety team. The assessment shall examine the current status of each school building's safety and shall be performed within thirty (30) days of passage of this act (July, 2013), and every three (3) years thereafter. Assessments performed within a year of the date of passage of this act shall satisfy this requirement.
- [Threat Assessment Team](#)
Each local school board or committee shall adopt written policies for the establishment of threat assessment teams, including the assessment of and intervention with individuals whose behavior may pose a threat to the safety of school staff or students consistent with the model policies developed by the school safety committee. The policies shall include procedures for referrals to community services or healthcare providers for evaluation or treatment when appropriate
- [Asset Protection Plan](#)
- [Weapons and Firearms](#)
- [Tobacco, Alcohol, and Other Drugs](#)
- [Treatment of Students and Staff with HIV](#)
- [Non-Discrimination Based on Sexual Orientation](#)
- [Statewide Bullying Policy](#)
- [Teen Dating Violence Policy](#)
- [Peanut/Tree Nut Allergy Policy](#)
- [Protections for Transgender and Gender Nonconforming Students](#)
- [Suicide Prevention Policy](#)

The requirement is for public schools only. Since this is a new requirement, if you have started this work, even if it was not fully implemented in the SY22, you can answer yes. Full implementation of the requirement is expected in SY 23.

Question 25. Have your schools disposed of all the prohibited chemicals referenced in the [RI Rules and Regulations for School Health Programs](#)?

All chemicals listed in Appendix A of the [Rules and Regulations for School Health Programs](#) are prohibited from school facilities.

Question 26. Environmental Tests or Inspections

- Lead (according to the provisions of [RIGL Chapter 23-24.6](#) as well as the [Rules and Regulations for Lead Poisoning Prevention](#) [216-50-15-3] promulgated by the Rhode Island Department of Health):

- Water fountains must be tested to ensure they are lead free.
- Asbestos Tests/Inspections: School buildings shall be subject to the provisions of [RIGL Chapters 23-24.5](#) and the [Rules and Regulations for Asbestos Control](#), promulgated by the Rhode Island Department of Health.
 - To ensure schools are asbestos-safe or asbestos-free schools must receive initial and current 3-year re-inspections by a certified consultant.
 - All schools must complete 6 month surveillance reports.
- Radon Tests/Inspections: School buildings shall be subject to the provisions of RIGL Chapter 23-61 and the [Rules and Regulations for Radon Control](#), promulgated by the Department of Health.
 - All occupied buildings in the school system must receive initial and 3-year retesting for radon gas levels by a certified radon measurement consultant.
 - All occupied buildings in the school system with levels above 4 pCi/L must have been either remediated or put on long-term testing.
- Food Services: According to the *2004 Child Nutrition Act Reauthorization*, all schools in the School Meal Programs must receive two [food safety inspections](#) each school year.
- Building Inspections: According to the [Rules and Regulations for School Health Programs](#) all schools must have evidence that annual inspections were completed before the start of each school year.

Question 27. Do all playgrounds on school property meet the [Consumer Product Safety Commission \(CPSC\) Guidelines](#) referenced in the *RI Rules and Regulations for School Health Programs*?

According to the [Rules and Regulations for School Health Programs](#), all playgrounds on school property, whether under school or municipal authority, must comply with the [Consumer Product Safety Commission](#) guidelines for playgrounds.

Question 28. Do all school health rooms meet the regulatory standard?

All school health rooms used by the school nurse or other health professionals to provide health care services must meet the minimum requirements for equipment within and/or adjacent to the health room as defined in the [Rules and Regulations for School Health Programs](#).

Question 29. Does your district/school maintain a log of work-related injuries/illnesses ([Code of Federal Regulations, OSHA Standard 1904.0](#))?

According to the [Code of Federal Regulations, OSHA Standard 1904.0](#), schools must maintain a log of any work-related injuries or illnesses for their employees.

Question 30. Does each school maintain a record of Safety Data Sheets (SDS) that is updated regularly and is available to staff, students, parents and others in the community?

According to the [Rules and Regulations For School Health Programs](#) and the [Code of Federal Regulations, Hazard Communications Standard: Safety Data sheets \(29 CFR 1910.1200 \(g\)\)](#) all schools must maintain copies of the required safety data sheets and ensure that they are readily accessible to employees, students, and the community.